



Not-for-Profit Corporation

Notice of dissolution

Return to: Missouri Attorney General's Office
NPC Unit
PO Box 899
Jefferson City, MO 65102

MISSOURI ATTORNEY GENERAL
JEREMIAH W. (JAY) NIXON

573-751-3321
www.ago.mo.gov

CORPORATION INFORMATION

NAME _____ CHARTER NUMBER _____

TYPE OF
BENEFIT ☐ PUBLIC ☐ MUTUAL

REGISTERED
AGENT _____

PRINCIPLE PLACE OF BUSINESS
OR CORPORATE HEADQUARTERS _____

DISSOLUTION INFORMATION

COMPLETE THIS ENTIRE SECTION.

DIRECTOR VOTE

NUMBER OF
DIRECTORS _____

VOTES FOR
DISSOLUTION _____

DATE OF VOTE
(MM-DD-YY) _____

MEMBER VOTE

NUMBER OF
MEMBERS _____

VOTES FOR
DISSOLUTION _____

DATE OF VOTE
(MM-DD-YY) _____

INCORPORATOR VOTE

Complete only if the organization incorporated
but never elected directors, acquired assets,
accepted members nor conducted business.

NUMBER OF
INCORPORATORS _____

VOTES FOR
DISSOLUTION _____

DATE OF VOTE
(MM-DD-YY) _____

DATE CORPORATION FILED ARTICLES OF DISSOLUTION WITH SECRETARY OF STATE (MM-DD-YY) _____

DISTRIBUTION OF ASSETS

DESCRIBE HOW THE CORPORATION WILL DISPOSE OF ITS ASSETS

- ☐ The corporation will distribute its assets to the organization(s) below, which are or would qualify as 501(c)(3) organizations.
- ☐ The corporation will distribute to the organization(s) below, as required by the corporation's articles or by-laws. A copy is attached.

LIST ALL ASSETS AND THE NAME AND ADDRESS OF THE RECIPIENT OF EACH ASSET

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

DISTRIBUTION OF ASSETS CONTINUED**LIST ALL ASSETS AND THE NAME AND ADDRESS OF THE RECIPIENT OF EACH ASSET**

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

☐

CHECK HERE IF THE CORPORATION WAS ORGANIZED AND OPERATES AS A CHURCH.

FORM SUBMITTED BY:

NAME _____ () - _____
PHONE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE (MM-DD-YY) _____